

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. 28732

State File No. _____

Registrar's No. 89

FILED OCT 9 1943
Registration District No. 1331

Primary Registration District No. 3076

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(c) Name of hospital or institution: Nevada City Hospital
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 25 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Wm. C. Johannes

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 15 - 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Prarie City, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Hardware Dealer

11. Industry or business

12. Name Nicholas Johannes
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mathew Rapp
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Kath Johannes
(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 9-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deerpark

18. (a) Signature of funeral director Wm. C. Johannes

(b) Address Nevada, Mo.

19. (a) 9-16-43 (b) Hazel B. Beurch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon
(c) City or town Nevada, Mo. 108
(If outside city or town limits, write "RURAL")
(d) Street No. 505 W. Center 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 14
year 1943 hour 11 minute 15 AM.

21. I hereby certify that I attended the deceased from May 16
1943, to Sept. 15, 1943
that I last saw him alive on Sept. 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Duration _____

Due to Chronic Myocarditis
Mit. & Aortic Insufficiency

Due to _____

Other conditions. _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Wm. C. Johannes (Doctor or other) _____

Address Nevada, Mo. Date signed 9/14/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Dr. J. L. Smith, Officer No. 7,

District File Number 9-43-1021

Date Filed 10-8-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Mark E. Schuiger

Licensed Embalmer No. 2656

P. O. Address Deeraday Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.